



MEMBERSHIP APPLICATION FORM:

Business Name: _____

P.O. Box: _____

Address: _____

City: _____

State / Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

URL: _____

Contact Person/Title: _____

Category: _____

Years in Business: _____ # of Employees: _____ FT: _____ PT: _____

Billing: Semi-Annual Annual

Interested in Joining: Waterloo Chamber Cedar Falls Chamber Both

MAIL or FAX to:

10 Main St. - Cedar Falls, IA 50613
Fax: (319) 277-4325

315 E. 5 th St. - Waterloo, IA 50703
Fax: (319) 233-4580